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Attorney for Claimants

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

UNITED STATES OF AMERICA,

Plaintiffs,

v.

APPROXIMATELY \$107,539,422.29 IN
FUNDS AND SECURITIES,

Defendants.

Case No. 2:18 CV 3855 DMG (Ex)

VERIFIED CLAIM TO SEIZED
FUNDS

HONORABLE DOLLY M. GEE

1
2
3 The following is a Verified Claim to Seized Funds executed by the Claimants
4 to the funds seized by the government on June 4, and June 18, 2014. Attorney Casey
5 Flynn makes no appearance in this action and this Claim is not an appearance,
6 motion, or other proceeding for any of the claimants. Rather, it is a Verified Claim
7 as required by statute to be filed with the Court and served on the government, and
8 this Claim is made as mandated by the statutes governing the nature of this
9 proceeding.

10
11 DATED: November 2, 2018

12 *Respectfully Submitted,*

13
14 /s/ Francis Flynn

15 Francis Flynn ESQ.

16 Attorneys for Claimants

17 Identified on Attachment to Item No. 1
18 below
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PROOF OF SERVICE

I am employed in the County of Los Angeles, State of California. I am over the age of 18 and not a party to the within action; my business address is LAW OFFICE OF FRANCIS J. FLYNN, JR., 422 South Curson Ave. Los Angeles, CA 90036

On November 2, 2018, I served the document described as:

VERIFIED CLAIM

through the Court's ECF electronic filing and service system.

Executed on November 2, 2018, at Los Angeles, California.

/s/ Francis J. Flynn

SECTION I – CONTACT INFORMATION

CLAIMANT INFORMATION	
Claimant/Contact Name: (Last, First) See Attached	
Business/Institution Name: (if applicable)	Prisoner ID: (if applicable)
Address: (Include Street, City, State, and Zip Code)	
Social Security Number/Tax Identification Number: (Enter N/A if you do not have one) Not Available	
Please provide an explanation why you do not have a Social Security Number, if above is N/A: The numbers are not available	
Phone: (optional) c/o 314 662 2836	Email: (optional) Casey@lawofficeflynn.com
ATTORNEY INFORMATION (if applicable)	
Attorney Name: (Last, First) Flynn, Casey	
Attorney Title:	
Firm Name: (if applicable) Law Offices of Francis J. Flynn, Jr.	
Attorney Address: (Include Street, City, State, and Zip Code) 422 South Curson Ave., Los Angeles, CA 90036	
Are you an attorney filing this claim on behalf of your client? X <input type="checkbox"/> YES <input type="checkbox"/> NO	
Attorney Phone: (optional) 414 662 2836	Attorney Email: (optional) Casey@lawofficeflynn.com

If any of this information changes, you are responsible for notifying the agency of the new information.

SECTION II – ASSET LIST

List each asset ID and asset description that you are claiming.

#	Asset ID	Asset Description
1	n/a	Approximately \$107,539,422.29 in Funds and Securities seized by the government on June 4 and June 19, 2014

SECTION III – INTEREST IN PROPERTY

Identify your interest in each of the assets you are claiming. If you are filing for multiple assets and the responses are not the same for each asset, please print out multiple copies of this page to submit with the claim. If you have documentation that supports your interest in the claimed assets (e.g., bill of sale, retail installment agreements, contracts, titles or mortgages), please include copies of the documents with the submission of the claim.

[illegible]

In the space below, please explain why you have a valid, good faith, and legally recognizable interest in this asset:

The claimants indicated above who are Account owners are the owners of the accounts which were seized by the government on June 4, and June 18, 2014. They have not engaged in any unlawful activity as alleged in the Complaint

The claimants indicated as the Policy Holders of Property Care Insurance, Inc., have valid insurance claims for defense and indemnity under policies and contracts with Property Care Insurance, Inc. As policy holders they have standing to assert their own contractual rights and interests in the funds the government seized on June 4, and June 18, 2014.

The claimants indicated as Beneficiaries under the various trusts have a right and standing under federal law to assert their rights and the rights of the trust to recover the funds which belonged to the trust and were seized by the government on June 4 and June 19, 2014.

In the space below, please list any documents you are including in support of your interest in the asset(s). If none are included, please explain why.

No documents are submitted in support of this Claim because it is not physically possible to do so. There are many thousands of documents involved in this proceeding. It is not possible to list them or provide a description of the many documents. The government has seized most of the documents involved in this case as of June 4, 2014, and the government has the knowledge, possession, and control of the documents involved in this proceeding.

SECTION IV – RECOVERY OF LOSS

Complete this section for assets you have recovered all or a portion of your losses either via an insurance claim and/or via some other source of recovery. If you have more recovery of loss information than may fit on this page, print out multiple copies of this page to attach with the claim and indicate which assets apply to each page. If you have not received any recovery of your losses, then leave this section blank.

RECOVERY OF LOSS INFORMATION	
Asset ID	Asset Description
	None

INSURANCE CLAIM INFORMATION (if applicable)	
Name of Insured: (Last, First) None	
Policy Number:	Claim Number:
Name of Insurance Company:	Name of Insurance Agent: (Last, First)
Insurance Company Address: (Include Street, City, State, and Zip Code)	
Phone: (optional)	Email: (optional)
Have you received compensation from the insurance company? <input type="checkbox"/> YES <input type="checkbox"/> NO	Amount of Compensation:

If other sources of recovery exist (e.g., restitution, returns on investment or other settlements), please list and describe the details below.

OTHER SOURCE(S) OF RECOVERY (if applicable)	
Source of Recovery 1: None	Amount of Recovery:
Source of Recovery 2:	Amount of Recovery:

In the space below, please list any documents you are including in support of your claim of recovery of loss. If none are included, please explain why.

No documents are submitted in support of this Claim because it is not physically possible to do so. There are many thousands of documents involved in this proceeding. It is not possible to list them or provide a description of the many documents. The government has seized most of the documents involved in this case as of June 4, 2014, and the government has the knowledge, possession, and control of the documents involved in this proceeding.

Attachment to Item No. 1
Name of Claimants

- (1) Property Care Policy Holder – Valley Surgical Center, LLC
- (2) Property Care Policy Holder - Golden State Practice Management, LLC.
- (3) Property Care Policy Holder – San Diego Ambulatory Surgery Center, LLC
- (4) Property Care Policy Holder - Top Surgeons, LLC.
- (5) Property Care Policy Holder - New Life Surgery Center, LLC.
- (6) Property Care Policy Holder - Beverly Hills Surgery Center, LLC.
- (7) Property Care Policy Holder - Orange Grove Surgery Center, LLC
- (8) Property Care Policy Holder – Valencia Ambulatory Surgery Center, LLC
- (9) Property Care Policy Holder – East Bay Ambulatory Surgery Center, LLC.
- (10) Property Care Policy Golder - Skin Cancer and Reconstructive Surgery Specialists of
Beverly Hills, Inc.
- (11) Property Care Policy Holder - Ciro Surgery Center, LLC. -
- (12) Property Care Policy Holder - Palmdale Ambulatory Surgery Center, LLC.
- (13) Property Care Policy Holder – Independent Medical Services, Inc.

The business address to each of the Claimants is in care of their Attorney

Casey Flynn
Law Offices of Francis J. Flynn, Jr.
422 South Curson Ave.,
Los Angeles, CA 90036
(414) 662-2836
Casey@lawofficeflynn.com

SECTION V – DECLARATION

The following declaration must be completed by the claimant.

I attest and declare under penalty of perjury that my claim is not frivolous and the information provided in support of my claim is true and correct to the best of my knowledge and belief.



Signature

Francis Flynn

Printed Name

11/02/2018

Date

See Attachments for Verifications

If a court finds that a claimant's assertion of an interest in property was frivolous, the court may impose a civil fine. Title 18 United States Code, Subsection 983(h). A false statement or claim may subject a person to criminal prosecution under Title 18 United States Code, Sections 1001 and 1621.

VERIFICATION

I, Jamie Hidalgo, declare and say:

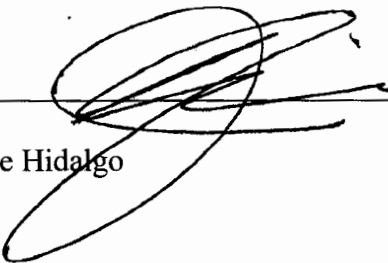
I am the Manager, Assistant Manager, and CEO of the various corporations identified below. I have the permission of the corporations and their Board of Directors to make this Verification and I make this Verification on their behalf for the following:

Valley Surgical Center, LLC
Golden State Practice Management, LLC.
San Diego Ambulatory Surgery Center, LLC
Top Surgeons, LLC.
New Life Surgery Center, LLC.
Beverly Hills Surgery Center, LLC.
Orange Grove Surgery Center, LLC
Valencia Ambulatory Surgery Center, LLC
East Bay Ambulatory Surgery Center, LLC.
Skin Cancer and Reconstructive Surgery Specialists of Beverly Hills, Inc.
Ciro Surgery Center, LLC.
Palmdale Ambulatory Surgery Center, LLC.
Independent Medical Services, Inc.

I have read the foregoing Claim and know the content thereof to be true and correct of my own knowledge, except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

I declare under penalty of perjury under the laws of the United States of America the foregoing is true and correct.

Executed this 2nd day of November, 2018, at Los Angeles, California.



Jamie Hidalgo